occur, instead of groups, single contractions interrupted by long periods of inactivity, which increase gradually up to cessation of all heart action in diastole. When, instead of digitalin, other members of the digitalis group —such as strophanthin, scillain, convallamarin, and others—were employed, the same phenomena were observed. There was also noticed a tendency of the heart to attain a systolic position when the poisons were applied both to the inner and the outer side of the heart. The pulse-curve given by the combined application of digitalin and atropine is the same as when digitalin alone was used. From further experiments made to ascertain the effect of an increased temperature on the inner and outer surface of the heart it was found that the outer surface is rendered warmer, the pulse-volume first *diminishing, and then increasing with an increase in the pulse frequency.* The diastoles finally increase, and the systoles become more and more weak and incomplete. If, however, the rise of temperature be permitted to act upon the heart cavity, simply an exaggerated action of the heart occurs. It beats regularly for hours, and only gradually do the systoles become incomplete until the heart stops in a half-systolic position. These experiments all prove a different arrangement of the inner and outer muscular fibres or a different innervation of the two surfaces.—*Archiv für Experimental Pathologie und Pharmakologie*, 1902, Band xlvii., p. 360.

Acute Alum Poisoning.—DR. JULIUS KRAMOLIK reports the case of a young man, aged thirty years, who by mistake drank a swallow of an approximately 10 per cent. solution of alum which he had prepared as a gargle for a sore-throat. Neither the mouth nor the throat showed any marked reaction to the irritant, but the patient vomited thirty-nine times within the forty-eight hours following the ingestion of the alum. Palpation of the stomach was painful. Mucus was found in the vomitus, mingled with blood, imparting a chocolate color to the mass. The urine was stained by blood, and showed morphologically numerous red blood cells, few leucocytes, and few hyaline casts. Traces of albumin were also present. The patient was ill for at least thirteen days.—*Pester Medicinisch-chirurgisch Presse*, 1902, No. 11, p. 242.

Treatment of Addison's Disease.—DR. EDOARD HIRTZ suggests that the antituberculous treatment of this affection is entitled to consideration. On this theory, superalimentation and attention to the renal secretions are very essential. Milk, eggs, and light wines are advisable. Lecithin, sodium cacodylate, glycerophosphates, and inhalations of oxygen are useful. Reports from various observers would seem to show the value, in some instances, of opotherapy. The author gives the suprarenal capsules of one-sixth of a grain, two to four times a day. Subcutaneous injections as employed by D'Arsonval are also recommended.—*La Médecine Moderne*, 1902, No. 21, p. 169.

Difference Between Illuminating Gas and Carbon Monoxide Poisoning.—DRS. F. FERCHLAND and E. VAHLEN have found fundamental differences in the symptoms of these two gases which do not permit of the generally accepted conclusion that the average composition of illuminating gas having been found to be hydrogen 45 to 50 per cent., hydrocarbons 35 per cent., carbon monoxide 2 to 3 per cent., of these the hydrocarbons have only a slight narcotic effect, and all the other ingredients, except carbon monoxide, are harmless, so that it would seem safe to ascribe to this latter constituent the toxicity. They found in experimenting with frogs that the illuminating gas proved to be much more poisonous than pure carbon monoxide, despite the fact that the former in this instance contained but 9.7 per cent. of the latter. To what illuminating gas owes its increased toxicity it was impossible to decide, owing to its complex composition.—*Archiv für Pathologie und Pharmakologie*, 1902, Band xlviii., p. 106.

PEDIATRICS.

UNDER THE CHARGE OF

LOUIS STARR, M.D.,

OF PHILADELPHIA,

AND

THOMPSON S. WESTCOTT, M.D.,

OF PHILADELPHIA.

Two Cases of Congenital Disease of the Left Heart.—THEODORE FISHER (*British Medical Journal*, March 15, 1902, p. 639) reports two cases of congenital disease of the left heart in infants, with the post-mortem findings in each case. The first case was a rather small, anæmic male infant, aged fifteen months. There was a slight degree of cyanosis, but no clubbing of the fingers. The mother stated that at birth the child was very blue, and at frequent intervals since had suffered attacks of dyspnœa, upon which occasions cyanosis was marked. The apex-beat was in the fifth interspace, about one-quarter of an inch outside the nipple line. A high-pitched systolic murmur was heard over the entire cardiac area, but was not transmitted beyond the limits of the heart nor heard behind. The second sound at the pulmonary cartilage was sharp, but elsewhere was rather dull. At the apex three sounds were audible, with something of a *bruit de galop* rhythm. At autopsy the heart was found much hypertrophied, the enlargement being mainly of the right ventricle. The pulmonary artery was double the size of the aorta. The tricuspid orifice was unusually large, while the mitral was stenosed, the latter measuring but 5 mm. across. In addition to the thickened and drawn-together flaps of the valves, as in ordinary mitral stenosis, there was present a perforated diaphragm formed by a circular membrane, and attached to the bases of the mitral flaps. The aorta was constricted above the point of entry of the ductus arteriosus. The ductus arteriosus was patent, while the septum ventriculorum and foramen ovale were normal.

The second case was one of aortic stenosis, in an infant, aged four and a half months, in which the segments of the aortic valves were much thickened